MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10089

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sadie	Ann	Bowen	Oct	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		Jan 10, 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	home wife	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Gibson	~~Sadie~~ Jennie GIBSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Austin Bowen Huntingtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1561 **Immediate cause** (a) Carcinoma of liver

Antecedent cause(s)

467 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1950, to 10/, 1950, that I last saw the deceased alive on 10/3, 1950, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		Huntingtown	10/5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 5th 1950	Huntingtown	Huntingtown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 5, 1950	Grace L. Hutchins	Wm. H. Hutchins	Owings Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
OCT 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10090

CERTIFICATE OF DEATH

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons | LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WALTER (Last) GRAY

4. DATE OF DEATH: (Month) October (Day) 10, (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: may 4-1877

9. AGE last birthday: 73 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Helper

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Gray

14. MOTHER'S MAIDEN NAME: Mamie Hunt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) —

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Pauline Gray Grover.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Interval Between Onset and Death: 1/2 hr.

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterial Hypertension — 3 yrs

(c) Arteriosclerosis — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/10, 1950, to (dead on my arrival), 19....., that I last saw the deceased alive on 10/12, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. S. Coster — M.D. Solomons Maryland 10/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/12/50 | NAME OF CEMETERY OR CREMATORY: Middle Town Chapel | LOCATION (City, town, or county) (State): Lusby's. Md.

DATE REC'D BY LOCAL REG. 10/11/50 | REGISTRAR'S SIGNATURE: E. S. Coster

24. FUNERAL DIRECTOR: A. A. Harkness & Son. ADDRESS: Mutual Maryland

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RECEIVED
OCT 18 1950

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10091

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carol (Middle) - (Last) Jefferson Jr

4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 1950

5. SEX M — 6. COLOR OR RACE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH Dec 27, 1948 — 9. AGE last birthday 1 yrs. If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Calvert Co. Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Carol Jefferson — 14. MOTHER'S MAIDEN NAME Victoria Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Carol Jefferson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

822X Immediate cause (a) Burned to death

Antecedent cause(s) (b) Car caught afire

170C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Car turned & caught afire

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway — (CITY OR TOWN) Lusby — (COUNTY) Calvert — (STATE) Md

TIME OF INJURY (Month) 10 (Day) 7 (Year) 50 (Hour) 10:20 P m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Car turned

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10:20 P m., from the causes and on the date stated above.

SIGNATURE H M Ward (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 10/8/50 — NAME OF CEMETERY OR CREMATORY St John — LOCATION (City, town, or county) Lusby — (State) Md

DATE REC'D BY LOCAL REG 10/7/50 — REGISTRAR'S SIGNATURE H M Ward — 24. FUNERAL DIRECTOR J. Sewell — ADDRESS Prince Frederick

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 16 1950
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10092

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County Calvert
City or town Deep Landing (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County ~~Balto~~
City or town Balto
(If outside city or town limits, write RURAL and give nearest town)
Street No. 308 E 33rd St
(If rural, give LOCATION)
2.(a) If veteran, name war War #1

3.(a) FULL NAME Howard Thos Mattingley 217-01-9821

3.(b) Social Security Number ~~217982~~ 1

4. Sex M
5. Color or race W
6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife Lorene Mattingley
6.(c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) 23 June 1889

8. AGE: Years 61 Months 3 Days 12 If less than one day ..... hrs. ..... min.

9. Birthplace St. Mary County Md
(Town, county, and state)
10. Usual occupation President & Gen Mgr - The Master Loan
11. Industry or business ~~Motor Loan Co~~

FATHER
12. Name Webster Mattingly
13. Birthplace

MOTHER
14. Maiden name Jennie Tippett
15. Birthplace

16. Informant Lorene H Wegman
Address 703 Cath St Balto

17. Removal
(Burial, cremation, or removal. Which?)
Date thereof (month) (day) (year)
Cemetery or crematory
Location

18. Funeral director Henry W. Mears & Son
Address 805 N. Calvert St, Balto, Md

19. Oct ~~10~~ 5 1950
(Date rec'd by registrar)
Grace L. Hutchins
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1950 at 2 30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Med Exam Certificate 19 to 19
and that I last saw h alive on 19

Immediate cause of death Drowning

Due to 850.8 Service Inc. 183

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 10/5/50
Where did injury occur? Deep Landing (City or town) Cal (County) Md (State)
Injured at home, farm, industry, public place (where?) farm river
Means of injury Fell out of boat Injured at work?

23. SIGNATURE D Weeres. MD
M. D. or other
Address Acting Med Examiner 15 SW Date signed 10/5/50

VS A15 9.45.15

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 16 1950
BUREAU V. S

10093

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Solomons
LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Solomons
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) J. (Last) Wheeler
4. DATE OF DEATH: (Month) Oct. (Day) 12, (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Mar. 21, 1866
9. AGE last birthday: 84 yrs. — If under 1 year: Months 6, Days 21 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Madison, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ? Condon
14. MOTHER'S MAIDEN NAME: Jane ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mrs Frank DeBoy - Solomons, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

154x

Antecedent cause(s)

61

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetis mellitus - Generalized sclerosis

(c) Ca. of rectum (?) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: Edw Villarreal — (Degree or title) M.D. — ADDRESS: Sthemart, Md — DATE SIGNED: 10/13/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct. 14, 1950 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10-13-50 — REGISTRAR'S SIGNATURE: H. W. Ward — 24. FUNERAL DIRECTOR: A. A. Harkness & Son - Mutual, Md. — ADDRESS:

260x

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
OCT 16 1950
BUREAU